



New Jersey Department of Environmental Protection
Site Remediation and Waste Management Program

REMEDIATION COST REVIEW AND RFS/FA FORM

☐ RFS ☐ FA

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: _____
List All AKAs: _____
Street Address: _____
Municipality: _____ (Township Borough or City)
County: _____ Zip Code: _____
Program Interest (PI) or RFS Number(s): _____
Case Tracking Number(s): _____

SECTION B. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION

Full Legal Name Person Responsible for Conducting Remediation: _____
Representative First Name: _____ Representative Last Name: _____
Title: _____
Mailing Address: _____
Municipality: _____ State: _____ Zip Code: _____
Phone Number: _____ Ext: _____ Fax: _____
Email Address: _____

☐ I am also the person responsible for establishing and maintaining a Remediation Funding Source (RFS).

Billing Contact

☐ Same as Person Responsible for Conducting Remediation / Representative listed above.

Name of Organization: _____
Name of Billing Contact: _____ Title: _____
Mailing Address: _____
Municipality: _____ State: _____ Zip Code: _____
Phone Number: _____ Ext: _____ Fax: _____
Email Address: _____

EXEMPTION CLAIM FOR RFS ONLY (not FA)

If claiming an exemption from the requirement to post Remediation Funding Source pursuant to N.J.A.C. 7:26C-5.2(b), please check the appropriate box below and do not complete sections C through H:

- ☐ Environmental Opportunity Zone
- ☐ Innovative remedial action technology
- ☐ Unrestricted or limited restricted use remedial action
- ☐ Government entity
- ☐ Remediation at primary or secondary residence
- ☐ Owner or operator of a licensed child care center
- ☐ Public, private or charter school

NOTE: All exemptions require additional supporting documentation to be attached. Please refer to the form instructions. If the exemption is only for a portion of the site, you must complete section C through H for the portion of the site that does not meet the exemption criteria. **See instructions.**

SECTION C. PURPOSE OF SUBMISSION

Check all that apply

- ☐ Initial Remediation Funding Source pursuant to N.J.A.C. 7:26C-5.2(a) (*attach original RFS instrument and 1% surcharge payment, as applicable*)
- ☐ Initial Financial Assurance for a Remedial Action Permit pursuant to N.J.A.C. 7:26C-7 (*attach original FA instrument*)
- ☐ Initial Direct Oversight Remediation Trust Fund Agreement pursuant to N.J.A.C. 7:26C-14.2(b)5 (*attach original RTF instrument and 1% surcharge payment*)

- ☐ Initial Direct Oversight Remediation Cost Review pursuant to N.J.A.C. 7:26C-14.2(b)4
- ☐ Annual Remediation Cost Review pursuant to N.J.A.C. 7:26C-5.10 (*attach RFS instrument verification and valuation*)
- ☐ Biennial Cost Review pursuant to N.J.A.C. 7:26C-7.10 (*Remedial Action Permits*)

- ☐ Change in Remediation Funding Source or Financial Assurance Amount pursuant to N.J.A.C. 7:26C-5.11
- ☐ Change in Remediation Funding Source or Financial Assurance Mechanism pursuant to N.J.A. 7:26C-5.11(d)
- ☐ Remediation Funding Source Disbursement Notification pursuant to N.J.A.C. 7:26C-5.12(a)
- ☐ Remediation Funding Source Disbursement Request pursuant to N.J.A.C. 7:26C-5.12(b) – Direct Oversight only
- ☐ Remediation Funding Source/Financial Assurance Disbursement Request pursuant to N.J.A.C. 7:26C-5.13(d) – Department held RFS/FA

- ☐ Request Release of the Remediation Funding Source or Financial Assurance pursuant to N.J.A.C. 7:26C-5.11(e)
- ☐ Using a Remediation Funding Source as Financial Assurance

SECTION D. TYPE AND AMOUNT OF REMEDIATION FUNDING SOURCE OR FINANCIAL ASSURANCE POSTED

Initial or Existing Mechanism for ☐ RFS or ☐ FA

Check all that apply

- ☐ Letter of Credit
- ☐ Remediation Trust Fund
- ☐ Self Guarantee
- ☐ Line of Credit
- ☐ Environmental Insurance Policy
- ☐ Surety Bond
- ☐ Direct Oversight Remediation Trust Fund
- ☐ Fully Funded Trust (Existing only pre-June 1993)
- ☐ Performance Bond (Existing only pre-June 1993)
- ☐ Surety Bond (Existing only pre-June 1993)

Replacement Mechanism for ☐ RFS or ☐ FA

Check all that apply

- ☐ Letter of Credit
- ☐ Remediation Trust Fund
- ☐ Self Guarantee
- ☐ Line of Credit
- ☐ Environmental Insurance Policy
- ☐ Surety Bond
- ☐ Direct Oversight Remediation Trust Fund

1. Expiration Date of Remediation Funding Source or Financial Assurance Posted:
2. Amount of Remediation Funding Source or Financial Assurance posted prior to any increase, reduction, or disbursement addressed in this submission:
3. Do you want to disburse, reduce, or increase the amount of the Remediation Funding Source?..... ☐ Yes ☐ No
If "Yes," specify below:
☐ Disburse RFS ☐ Reduce RFS ☐ Increase RFS by (amount):

SECTION E. REMEDIATION COST ESTIMATION

1. Indicate the method(s) used to calculate the remediation cost review/estimate: *(Check all that apply)*
 - ☐ RACER® *(attach documentation for estimate)*
 - ☐ Cost-Pro® *(attach documentation for estimate)*
 - ☐ Surrogate Cost *(ISRA Remediation Certifications, see for instructions for further clarification)*

A Preliminary Assessment/Site Investigation has NOT been completed for the site, the surrogate remediation funding source has been established in the amount of \$100,000 or \$250,000.
 - ☐ Calculated independently by LSRP/Consultant using *(attach documentation used to generate calculation)*:
 - ☐ Actual competitive bid(s)
 - ☐ Internal company data
 - ☐ Other commercially available software. Specify: _____
 - ☐ Other. Specify: _____
2. Estimated cost:
 - To complete remediation: _____
 - or**
 - For Financial Assurance: _____
3. Full legal name of person who prepared the cost estimate: _____

SECTION F. COST REVIEW FOR REMEDIATION FUNDING SOURCE OR FINANCIAL ASSURANCE

1. Remediation Funding Source – due annually

- a. Date of most recent prior cost estimate: _____
- b. Total monies spent to date to remediate the site: _____
Attach detailed summary of monies spent to remediate.
- c. Estimated remaining costs to complete the remediation: _____
Attach detailed estimate of remaining costs to complete remediation.
- d. Provide an explanation of any changes from most recent prior cost estimate.

2. Financial Assurance – due biennially

- a. Date of most recent prior cost estimate: _____
- b. Current cost estimate to operate, maintain and monitor the engineering control: _____
- c. Provide an explanation of any changes from most recent prior cost estimate.

**SECTION G. LSRP AUTHORIZED DISBURSEMENTS NOTIFICATION AND
REQUEST FOR NJDEP REDUCTION APPROVAL**

1. Date previous notification/request submitted:
2. For Remediation Trust Funds and Lines of Credit:
 - a. Date the LSRP authorized disbursement (*Attach copy of authorization*):
 - b. Total amount of the authorized disbursement:
 - c. Date the holder of the RFS mechanism disbursed the funds:
 - d. Amount of RFS remaining after disbursement.....
3. For NJDEP authorized reductions:
 - a. Amount of funds you are requesting the NJDEP authorize for reduction:
 - b. Provide RFS account information (e.g., bank name, account number, etc.):

SECTION H. REQUEST FOR NJDEP AUTHORIZED DISBURSEMENTS

ONLY for sites subject to Direct Oversight pursuant to N.J.A.C. 7:26C-14 and disbursement requests in accordance with N.J.A.C. 7:26C-5.13

1. Total amount of requested disbursement
2. Provide the name, address, telephone number, email and tax identification number of all parties to receive payment from this disbursement and amount of each payment.
3. Attach a description of remediation costs incurred or to be incurred and the specific remediation that has or will be completed under this request including the following documentation:
 - a.) For remediation costs that have been incurred, include a Remediation Report documenting the completion of the remediation activities; or
 - b.) For remediation costs to be incurred, include a proposed scope of work of the remediation activities to be completed.
4. Attach an estimate of all remaining costs to complete the remediation.

SECTION I. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: 576297

First Name: John

Last Name: Virgie

Phone Numbers: (732) 739-6444

Ext.: _____

Fax: (732) 739-0451

Mailing Address: 1625 Highway 71

Municipality: Belmar

State: NJ

Zip Code: 07719

Email Address: jvirgie@earthsys.net

This statement shall be signed by the LSRP who is submitting this notification in accordance with N.J.S.A. 58:10C-14, and N.J.S.A. 58:10B-1.3b(1) and (2).

(1) I certify, as a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C-1 et seq. to conduct business in New Jersey, that for the remediation described in this submission, and all attachments included in this submission, I personally: Managed, supervised, or performed the remediation conducted at this site that is described in this submission, and all attachments included in this submission; and/or periodically reviewed and evaluated the work performed by other persons that forms the basis for the information in this submission; and/or completed the work of another site remediation professional, licensed or not, after having: (1) reviewed all available documentation on which I relied; (2) conducted a site visit and observed the then-current conditions and verified the status of as much of the work as was reasonably observable; and (3) concluded, in the exercise of my independent professional judgment, that there was sufficient information upon which to complete any additional phase of remediation and prepare workplans and reports related thereto.

(2) I certify:

- That I have read this submission and all attachments to this submission;
- That in performing the professional services as the licensed site remediation professional for the entire site or each area of concern, I adhered to the professional conduct standards and requirements governing licensed site remediation professionals provided in N.J.S.A. 58:10C-16;
- That the remediation conducted at the entire site or each area of concern, that is described in this submission and all attachments to this submission, was conducted pursuant to and in compliance with the remediation requirements in N.J.S.A. 58:10C-14.c;
- That the remediation described in this submission, and all attachments to this submission, was conducted pursuant to and in compliance with the regulations of the Site Remediation Professional Licensing Board at N.J.A.C. 7:26; and
- That the information contained in this submission and all attachments to this submission is true, accurate, and complete.

(3) I certify, when this submission includes a response action outcome, that the entire site or each area of concern has been remediated in compliance with all applicable statutes, rules, and regulations and is protective of public health and safety and the environment.

(4) I certify that no other person is authorized or able to use any password, encryption method, or electronic signature that the Board or the Department have provided to me.

(5) I certify that I understand and acknowledge that:

- If I knowingly make a false statement, representation, or certification in any document or information I submit to the Department I may be subject to civil and administrative enforcement pursuant to N.J.S.A. 58:10C-17.a.1(a) through (f) by the Board, including but not limited to license suspension, revocation, or denial of renewal; and
- If I purposely, knowingly, or recklessly make a false statement, representation, or certification in any application, form, record, document or other information submitted to the Department or required to be maintained pursuant to the Site Remediation Reform Act, I shall be guilty, upon conviction, of a crime of the third degree and shall, notwithstanding the provisions of subsection b. of N.J.S.2C:43-3, be subject to a fine of not less than \$5,000 nor more than \$75,000 per day of violation, or by imprisonment, or both.

(6) I certify that I have read this certification prior to signing, certifying, and making this submission.

LSRP Signature: _____

Date: 5/19/22

LSRP Name: John S. Virgie, LSRP

Company Name: Earth Systems

SECTION J. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATIONFull Legal Name of the Person Responsible for Conducting the Remediation: Hess CorporationRepresentative First Name: John Representative Last Name SchenkewitzTitle: Sr. Advisor, EHSPhone Number: (609) 406-3969 Ext: _____ Fax: (732) 352-7795Mailing Address: Trenton-Mercer Airport, 601 Jack Stephan WayCity/Town: Trenton State: NJ Zip Code: 08628Email Address: jschenkewitz@hess.com☒ The person responsible for conducting the remediation is the person responsible for establishing and maintaining a remediation funding source/financial assurance.

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

I certify I am fully aware of the requirements of N.J.A.C. 7:26C-5 et seq. as they pertain to Remediation Funding Sources and Financial Assurances and the language of any provided Remediation Funding Source or Financial Assurance instrument does not deviate in any way from the language in the Department's model documents found at www.nj.gov/dep/srp/guidance/rfsguide except as approved by the Department.

For disbursement notification or request pursuant to N.J.A.C. 7:26C-5.12 or 5.13(d), I certify that the disbursement relates to actual remediation costs, incurred or to be incurred, and does not include ineligible legal fees.

Signature: _____

Date: 5/18/22Name/Title: John Schenkewitz / Sr. Advisor, EHS

SECTION K. PERSON ESTABLISHING AND MAINTAINING A REMEDIATION FUNDING SOURCE/FINANCIAL ASSURANCE (complete if different person than Section J)

Full Legal Name of Person Establishing and Maintaining a Remediation Funding Source: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This certification shall be signed by the person establishing and maintaining a remediation funding source/financial assurance who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

I certify I am fully aware of the requirements of N.J.A.C. 7:26C-5 et seq. as they pertain to Remediation Funding Sources and Financial Assurances and the language of any provided Remediation Funding Source or Financial Assurance instrument does not deviate in any way from the language in the Department's model documents found at www.nj.gov/dep/srp/guidance/rfsguide except as approved by the Department.

For a disbursement notification or request pursuant to N.J.A.C. 7:26C-5.12, I certify that the disbursement relates to actual remediation costs, incurred or to be incurred, and does not include ineligible legal fees

Signature: _____ Date: _____

Name/Title: _____

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice
Site Remediation and Waste Management Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420

Financial Assurance Estimate

AOC-19: QC Lab/AOC 90 Drum Storage, Hess Corporation - Former Port Reading Complex (HC-PR)

Woodbridge, Middlesex County, NJ

PI #006148

ISRA #20130449

Item	Cost Per Event	Number of Events/Years	Total
Biennial Certification:	\$2,238.50	15	\$33,577.50
Cap Inspections/Repairs:	\$819.50	30	\$34,585.50
Total Budget Estimate:			\$68,163.00

IRREVOCABLE STANDBY LETTER OF CREDIT NO: 136925825**Date: August 12, 2021****Beneficiary:**

New Jersey Department of Environmental Protection
Site Remediation Program
Bureau of Remedial Action Permitting
401-05S
P.O. Box 420
401 East State Street
Trenton, NJ 08625-0420
Attn: Financial Assurance Coordinator

Applicant:

Hess Corporation
1185 Avenue of the Americas
New York, New York 10036
Attn: John Schenkewitz
j.schenkewitz@hess.com
(609)406-3969

US\$ 68,163.00

RE: Former Hess QA/QC Parcel (AOC – 19) – Port Reading Complex
835 West Avenue
Port Reading, Middlesex County, NJ
NJDEP SRP Program #006148

Dear Sir or Madam:

We hereby establish our irrevocable standby Letter of Credit number 136925825 in your favor, at the request and for the account of Applicant up to the aggregate amount of \$68,163.00 (Sixty Eight Thousand One Hundred Sixty Three and Zero Cents United States Dollars) available upon presentation by you of:

- (1) Your sight draft, bearing reference to this irrevocable standby Letter of Credit number, and
- (2) Your signed statement reading as follows:

"I certify that the amount of the draft is issued and payable in accordance with N.J.S.A. 58:10C-19 and N.J.A.C. 7:26C-5 et seq."

This Letter of Credit is effective as of August 12, 2021 and shall expire on August 12, 2022 but such expiration date shall be automatically extended for a period of at least one (1) year and on each successive expiration date, unless, at least 45 days before the current expiration date, we notify both NJDEP at the above referenced address and Hess Corporation by or overnight courier that we have decided not to extend this Letter of Credit beyond the current expiration date. In the event you are so notified any unused portion of the Letter of Credit shall be available upon presentation of your sight draft for 45 days after the date of receipt, not to exceed the expiry date.



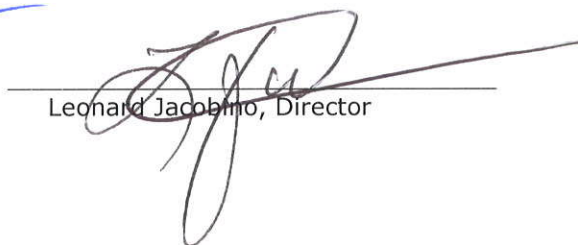
Whenever this Letter of Credit is drawn on under and in compliance with the terms of this Credit, we shall duly honor each draft upon presentation to us, and we shall deposit the amount of the draft directly in accordance with your instructions.

This Letter of Credit is subject to the Uniform Customs and Practice for Documentary Credits (2007 Revision), International Chamber of Commerce Publication No. 600, or later such revision as shall come into effect.

Yours Truly,
Credit Agricole Corporate and Investment Bank



Pik (Winnie) Hung, Senior Associate



Leonard Jacobino, Director

